Do professional interpreters improve clinical care for patients with limited English proficiency: a systematic review of the literature

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CRD summary
This review concluded that professional medical interpreters were associated with improved outcomes for patients with language barriers and that quality of care for patients using professional interpreters is similar to that of patients without language barriers. The review involved a synthesis of mainly observational and qualitative studies of varying quality, which makes the reliability of the conclusions uncertain.

Authors' objectives
To determine whether professional medical interpreters had a positive impact on clinical care for patients with limited proficiency in English.

Searching
The authors searched PubMed and PsycINFO for publications in English between 1966 and September 2005. Search terms were reported in an appendix. The authors also searched The Cochrane Library (date not reported) and searched for additional references on the Internet.

Study selection
Studies of any design that compared outcomes for patients who used professional medical interpreters with another group were eligible for the review. Outcomes of interest were measures of communication (errors and comprehension), utilisation of clinical care, clinical outcomes and satisfaction with clinical care. Studies of American Sign Language interpreters were excluded. Included studies compared professional with non-professional interpreters, evaluated professional interpreters only or did not distinguish between professional and non-professional interpreters. The third group of studies were included to allow readers to compare professional interpreters with a mixture of professional and non-professional interpreters as commonly found in clinical practice. Most included studies were conducted in USA in outpatient or emergency department settings; studies from Switzerland and Saudi Arabia were also included.

The authors stated neither how the studies were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
Aspects of methodological quality were assessed, including sample size, control for confounding variables, method for determining the group being studied and whether the professional interpreters were trained. Validity was assessed by at least two reviewers and discrepancies were resolved by discussion or by consensus of all four authors.

Data extraction
Data were extracted by at least two reviewers and discrepancies were resolved by discussion between them or by consensus of all four authors.

Methods of synthesis
Studies were combined in a narrative synthesis by type of comparison and type of outcome.

Results of the review
Twenty-eight studies (n=37,228) were included in the review, of which 21 (n=17,665) assessed professional interpreters separately. Of the studies that assessed professional interpreters separately, only one was a randomised trial and three were qualitative studies. About half of the studies controlled for possible confounders and reported on training of interpreters. Overall, there was a positive impact of professional interpreters on clinical care. In particular, trained professional interpreters were associated with decreased disparities in healthcare utilisation between patients with a language barrier and those receiving treatment from a clinician who spoke the same language (based on nine studies).
Of two studies of clinical outcomes, one found a lower rate of obstetrical interventions with interpreter use compared with no interpreters and one found equal values for various markers between English-speaking patients with diabetes and those who used an interpreter. The seven studies that evaluated a mixture of professional and non-professional interpreters also reported an association between interpreter use and improved clinical care, although several studies showed mixed results. Results for communication and patient satisfaction with care were also reported.

**Authors’ conclusions**
Professional interpreters were associated with an overall improvement in care for patients with limited English proficiency.

**CRD commentary**
Inclusion criteria for participants and outcomes were clear. Some studies that did not assess professional interpreters separately were included and analysed separately. Comparative studies of any design were included. The objectives referred to patients with limited English proficiency, but some studies from non-English speaking countries were included; these could answer the general question about the effects of interpreters on outcomes, but could not contribute to the specific objective. The search was limited to English-language studies and there was no attempt to locate unpublished studies, so relevant studies may have been missed. Publication bias was not assessed. Some relevant aspects of methodological quality were assessed and the results were used in the analysis. Appropriate methods were used to minimise errors and bias in data extraction. Methods used for study selection were not reported. Relevant details of included studies were provided. Studies were combined in a narrative synthesis, which was appropriate in view of the range of comparisons and outcomes included. The authors’ conclusions reflected the evidence presented, but the limitations of the evidence make the reliability of the conclusions uncertain.

**Implications of the review for practice and research**

**Practice:** The authors stated that healthcare providers needed to recognise that language barriers placed some patients at a disadvantage that can be overcome by providing better access to professional interpreters.

**Research:** The authors stated that future research should focus on how interpreters can reduce errors in comprehension and improve outcomes, and on the cost-effectiveness of interpretation services.

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